

REQUEST FOR INFORMATION PROCESSING SERVICES

REQUESTOR/DOCUMENT INFORMATION

TODAY'S DATE _____ REQUIRED DATE _____ PRIORITY _____

DIRECTORATE _____ DIVISION/BRANCH _____

AUTHORIZED APPROVING SIGNATURE: _____

OFFICE SYMBOL _____ ORIGINATOR/PHONE NUMBER _____ PREVIOUS CONTROL NUMBER _____

TITLE/AIMS NUMBER/OTHER IDENTIFYING DATA _____

PHONE FOR PICKUP: _____

REQUESTED SERVICE

_____ WORD PROCESSING _____ CONVERSION _____ DESKTOP PUBLISHING _____ SCANNER

SPECIAL INSTRUCTIONS: _____

WORD PROCESSING

ACTION:	INPUT:	OUTPUT:	PROOFING:	EDITING:	PRINTING:
_____ KEY	_____ ORIGINAL	_____ PRINT	_____ YES	_____ YES	_____ FINAL
_____ REVISION	_____ DISK	_____ DISK	_____ NO	_____ NO	_____ DRAFT
_____ REPETITIVE	_____ BOTH	_____ BOTH			

CONVERSION

FROM: (SOFTWARE/VERSION) _____ TO: _____

DESKTOP PUBLISHING

CIRCLE ONE:

ORIGINAL REQUEST (REQUIRES CONFERENCE) REVISION ROUTINE (CERTIFICATES, NEWSLETTERS, etc.)

SCANNING

_____ TEXT _____ GRAPHICS TYPE OF OUTPUT FILES: _____

FOR IPB USE ONLY

CONTROL NUMBER: _____

OPERATOR INITIALS: _____

NUMBER OF INCOMING PAGES: _____

EDITOR INITIALS: _____

COMMENTS: _____

SUPERVISOR/DATE: _____

NUMBER OF OUTPUT PAGES: _____

DATE/TIME NOTIFIED: _____

_____ KEY _____ REV _____ REP _____ D.PUB.